


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90014 013 ****61.25

DOCUMENT # 751441			
1. Entity Name TRADEWINDS BY THE SEA, INC.			
Principal Place of Business 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305		Mailing Address 1750 UNIVERSITY DR. 205 POMPANO BEACH, FL 33071	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIFT MGMT. SOULTIONS 1750 UNIVERSITY DR. #205 POMPANO BEACH, FL 33071		Name	
KATHLEEN JENKINS P.M.		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DWIGHT	NAME	
STREET ADDRESS	2029 N. OCEAN BLVD. 203	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOUGHBY, KATHERINE	NAME	
STREET ADDRESS	2029 N. OCEAN BLVD. 404	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLUSCIO, JAMES	NAME	
STREET ADDRESS	2029 N. OCEAN BLVD. 409	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALASAY, STEVEN	NAME	
STREET ADDRESS	2029 N. OCEAN BLVD 205	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, JAMES	NAME	
STREET ADDRESS	2029 N. OCEAN BLVD 109	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Kathleen Jenkins</i>		Date: 2-18-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954-341-6340	